

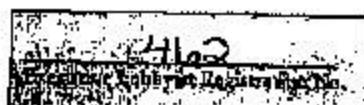
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NO. 485 082

**EXECUTIVE LOBBYING EXPENDITURE REPORT
FORM 507**

- COVERING JANUARY 1 - JUNE 30, 2007 - DUE AUGUST 15
 COVERING JANUARY 1 - DECEMBER 31 - DUE FEBRUARY 15

Mail to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70806
 DR
 Fax: (225)763-8787 or (225)763-8780


 FOR OFFICE USE ONLY
 Postmark Date 5/19/07
 ER (8/07)

 1. Name Rhoden Jekline
 Last First MI

 2. Business Address 754 Peachtree St Atlanta GA 30309
 Street and No. City State Zip

 Mailing Address Same as above.

3070322

SCANNED

AUG 10 2007

 By: (Signature)

 3. Business Phone 404 - 745 - 6159

Area Code and Telephone Number

 4. Total of all executive lobbying expenditures made January 1 through June 30. \$ 0
 (Include expenditures from Schedules A and B)

 5. Total of all executive lobbying expenditures made July 1 through December 31. \$ N/A
 (Where Applicable) (Include expenditures from Schedules A and B)

 6. Total of all executive lobbying expenditures made during calendar year. \$ 0
 (Line 4 added to Line 5 should equal Line 6)
 By: (Signature)

AUG 10 2007

AUDITED

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official?

From January 1 through June 30? Yes No
 From July 1 through December 31? Yes No NA

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official?

From January 1 through June 30? Yes No
 From July 1 through December 31? Yes No NA

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

 Yes No

If the answer to Number 9 above is YES, complete Schedule B and attach.

Form 507, Rev. 7/04

 Page 1 of 3

Missing numbered pages were blank and had no information on them.

 00 6 AM 6-9-2007
 RECEIVED
 BOARD OF ETHICS
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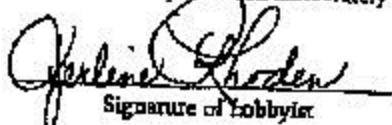
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NO. 455 PG4

- 2) a. Name of Department or Individual Agency: N/A
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 0
- 3) a. Name of Department or Individual Agency: N/A
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 0

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Hobbyist